

six-month telephone follow-up. Implementation and data collection occurred across the five recreational camps during the summer of 2011. Design was a randomized pilot: each camp rotation was between 21 to 30 days in length and hosted both an EX Program Condition group and standard care Control group during different weeks of the summer. In two camps, the program group rotation weeks were implemented prior to the control group. The condition that occurred first was based on the flip of a coin.

Result: At immediate posttest, Project EX significantly reduced future smoking expectation (46% reduction in EX Condition versus 8% in Control, $p < 0.0001$), decreased intention to not quit smoking (-5.2% in EX vs. $+1.4\%$ in Control, $p < 0.05$), and increased motivation to quit smoking (0.72 vs. -0.04 , $p < 0.0001$). At six-month follow-up, program participants had a higher intent-to-treat quit rate during the last 30 days (7.5% vs. 0.1% , $p < 0.05$). For participants who remained monthly smokers at six-month follow-up, Project EX reduced their level of nicotine dependence (-0.53 vs. $+0.15$, $p < 0.001$).

Conclusion: Results of the Project EX implementation trial are promising for motivation enhancement and increasing smoking quit rates among Russian youth. There have been no evidence-based approaches previously evaluated in Russian settings for adolescent smoking cessation. Project EX demonstrates that a cessation program which includes sessions on motivation enhancement (e.g., talk shows), stress-coping strategies including mindfulness (e.g., yoga), discusses consequences of smoking to self and others in a game format, and utilizes summer recreational camp counselors as smoking cessation facilitators can be used as an effective tobacco use intervention for youth in Russia.

PP020

SELF REPORTED PRACTICES AND ATTITUDES OF COMMUNITY HEALTH WORKERS IN TOBACCO CONTROL

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Background: The 1978 Alma Ata declaration highlighted the critical role played by Community Health Workers (CHWs) to link communities to the health system. The flagship program of Government of India proposed introduction of CHWs namely Accredited Social Health Activist (ASHA). As a link between community and health system ASHA is in a unique position to generate awareness on tobacco-related issues.

Objective: The study captured perceptions and practices of ASHAs regarding tobacco control and address the following questions:

What is the current level of information provided by ASHA's to patients on harmful health effects of tobacco?

What is the attitude of ASHA towards counseling practices in tobacco control?

To what extent is training of ASHAs in tobacco control related to the information given by them on health effects of tobacco?

Method: The study was conducted among 512 ASHAs in six intervention districts each in Gujarat and Andhra Pradesh from January to March 2011. The study settings i.e. health facilities and villages were selected through systematic random sampling. The study respondents were selected through convenient random sampling. A semi-structured questionnaire was administered to the respondents. In addition to socio-demographic characteristics the questionnaire captured knowledge of ASHAs about different tobacco-related diseases, information provided on tobacco-related diseases and their attitude towards counseling in tobacco control. The project received ethical approval from the PHFI institutional ethics committee. Bi-variate analysis and binary logistic regression was applied to test the association between variables of interest using SPSS version 17.

Result: The medical conditions which ASHAs linked to tobacco usage were respiratory problems (75%), lung cancer (66%), tuberculosis (63%), and oral disease (42%). Only one-third (36%) of ASHAs reported informing all patients about the harmful health effects of tobacco, whereas more than half of them reported providing information only to patients suffering from specific illness. ASHAs who reported having received training in tobacco control were about two times more likely to give information on effects of tobacco on respiratory diseases and adverse reproductive outcomes.

Conclusion: Study findings reflect suboptimal engagement of ASHAs in providing information pertaining to specific tobacco-related diseases. There is an urgent need to sensitize and train ASHAs in appropriate tobacco control practices.

PP021

NETWORKING AND COALITION BUILDINGS, CHALLENGES AND OPPORTUNITIES: A CASE STUDY

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Background: To highlight the role of coalition building in supporting the TC programs and lessons learned from a case study from the Middle East region. In addition to point out the role of the UME in supporting the establishment of the two National Coalitions on Tobacco Control in Egypt and Lebanon by variety of NGOs in collaboration with The MOHP-Egypt and TC, program in Lebanon.

Objective: Coalitions and Networks in Tobacco control, what works and what are the opportunities and challenges, how to overcome the challenges?

Method: Analysis of Strengths, weaknesses, Opportunities and Threats of the

National Tobacco Control Program in Egypt and Lebanon was conducted by The UME which identified the scarce financial resources as well as the extreme lack of manpower within the MOH in both countries to effectively implement and monitor tobacco control policies in Egypt.

The UME was able to identify the potential members of the proposed coalition and get them to agree on working together on TC and a unified strategic plans. The Union middle East followed up and worked with them on developing their capacities and exchanging experiences to support TC in the 2 countries.

Networking and meetings with each other as well as other coalitions and partners in the region to exchange experiences and increase the outcome of the work. The Union facilitated regular meetings between the and ministries to strategize for TC.

Result: Two coalitions are now developed and acting in different areas of TC to support the ministries in their respective countries in fulfilling with TC requirements. The two coalitions included new members with diverse spheres and geographical distribution to increase the outreach and outcome of the work. In addition, they formulated their strategic plans for the next period with work plan based on the gaps in and the needs of the national tobacco control program in Egypt. The coalitions are working on monitoring the Tobacco Industry as well as identifying new areas of work TC as exploring and advocating for NCDs.

Conclusion: Recognizing the important role the coalition can play in adding a momentum to the national tobacco control efforts, The Union Middle East office in collaboration with The Tobacco Control Department Ministry of Health and Population in Egypt and Tobacco control program in Lebanon have facilitated networking and planning by NGOs to establish and build National Tobacco Control Coalitions. The NGOs members of the coalition is collaborating with the MOHP in both countries in implementing tobacco control policies as they have the needed human resources, wide geographical outreach as well as the experience to work at the grass

PP024

YOUTH FOR HEALTH: TOWARDS A TOBACCO FREE WORLD

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Introduction: Tobacco use is a major cause of preventable death and disease. It kills nearly 6 million people worldwide annually, out of which more than 1 million die in India. In India, nearly 5500 youth start using tobacco daily with the average age of initiating tobacco use is below 15 years. India has the largest youth population in the world with over 47% people under the age of 20. To utilize this youthful human resource, it is crucial to engage youth and empower them to campaign for health issues and create a healthy society, free from disease and illness. A national initiative towards curbing tobacco use is of utmost importance where youth discuss and deliberate on the need for effective measures and advocacy strategies to achieve the public health goal of a tobacco-free world. Therefore, with a vision to engage youth in concerted advocacy to strengthen the existing systems and demand for a country free from tobacco, a global campaign named as "Youth for Health" (Y4H) was launched.

Objectives: Empower youth advocates to actively engage in policy discussions demanding for a tobacco free nation. Effectively utilize all channels of media for mobilizing and empowering youth to take action

Methods: Multi-pronged strategies incorporated, including: *Youth Awareness*; launch of a health campaign highlighting the importance tobacco control (TC), formation of health clubs in schools, *Youth Advocacy*; e-connecting youth through Y4Hto discuss TC by posting messages, online petitions, polls, signing pledges to regulate depiction of tobacco use in films, signature campaigns with various stakeholders and engaging policy makers, media sensitization, monitoring tobacco use in films through an in-theater review mechanism *Community Engagement*; community mobilization, rallies in schools and communities.

Results: A stupendous response received from youth, parents, teachers and community members. Y4H network today spreads across 35 countries and connects over 225,000 members globally. Student led advocacy was instrumental in regulating the depiction of tobacco use in Indian films. Widespread media attention and engaging multiple stakeholders has facilitated multi-pronged intervention to fight the menace of tobacco.

Conclusion: Inculcating leadership and ownership skills amongst youth qualifies as a strong weapon in the fight against tobacco. Active engagement of youth in taking up policy matters related to TC can be a key towards tobacco endgame.

PP026

PREVALENCE OF ORAL PRE-CANCEROUS LESIONS IN PATIENTS WITH TOBACCO USERS

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Background: There is a high prevalence rate of oral cancer in India due to use of varied form of tobacco product both smokeless and smoking form. The occurrence of oral pre-cancerous lesions depends not only on different mode of consumption but frequency and duration of tobacco habits. The "severity of tobacco consumption" can also be an alarming factor in conversion of oral pre-cancer into frank oral cancer. This conversion can be prevented by early detection of these lesions and by proper and right intervention. However, there is lack of awareness regarding pre-cancerous lesions in the community.